

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARERudolph V. Hardin

Plaintiff

V.

Warden Thomas Carroll

Defendant(s)

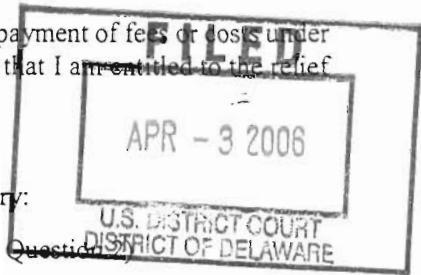
APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

I, Rudolph V. HardinF - 220
declare that I am the (check appropriate box)

- Petitioner/Plaintiff/Movant • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to Question 2)

If "YES" state the place of your incarceration

Delaware Correctional Center

Inmate Identification Number (Required): 180391

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? • Yes No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a.	Business, profession or other self-employment	<input checked="" type="checkbox"/> Yes	<input type="radio"/> • No
b.	Rent payments, interest or dividends	<input type="radio"/> Yes	<input type="radio"/> • No
c.	Pensions, annuities or life insurance payments	<input type="radio"/> Yes	<input type="radio"/> • No
d.	Disability or workers compensation payments	<input type="radio"/> Yes	<input type="radio"/> • No
e.	Gifts or inheritances	<input checked="" type="checkbox"/> Yes	<input type="radio"/> • No
f.	Any other sources	<input type="radio"/> Yes	<input type="radio"/> • No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 1/05)

- (a). Worked at prison infirmary for approximately one month received \$14.40 - will not continue to receive payment no longer employed.
- (e). My sister sent money orders on 3-28-05 received \$0.00 - On 5-4-05 received \$0.00 - On 6-3-05 received \$0.00 - On 6-21-05 received \$0.00 On 7-26-05 received \$0.00 - On 8-30-05 received \$0.00 - On 9-21-05 received \$0.00 has not heard from her since do not expect anymore money
4. Do you have any cash or checking or savings accounts? • Yes No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• Yes No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

None

I declare under penalty of perjury that the above information is true and correct.

March 29, 2006
DATE

Rudy V. Hand
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

6 - 420

TO: Rudolph Hardin SBI#: 180391

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: March 23, 2006



Attached are copies of your inmate account statement for the months of
September, 2005 to February 28, 2006

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Sept</u>	<u>34.56</u>
<u>Oct</u>	<u>.01</u>
<u>Nov</u>	<u>.64</u>
<u>Dec</u>	<u>.01</u>
<u>Jan</u>	<u>.0</u>
<u>Feb</u>	<u>.0</u>

Average daily balances/6 months: 4.18

Attachments

CC: File

*Stacy Shane
3/28/06*

*Main floor
by conference room
6-17-06*

Individual Statement

Date Printed: 3/22/2006

Page 1 of 1

For Month of September 2005

SBI 00180391	Last Name Hardin	First Name Rudolph	MI Suffix	Beg Mth Balance:	\$50.07		
Current Location: D/E	Comments:						
	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold		MO # or Ck #	PayTo	SourceName
Canteen	9/7/2005	(\$36.36)	\$0.00	\$0.00	\$13.71	154450	JULY 4TH
Misc Wage 109	9/7/2005	\$2.00	\$0.00	\$0.00	\$15.71	154649	
Medical	9/9/2005	\$0.00	(\$4.00)	\$0.00	\$15.71	155549	8/31/05
Medical	9/9/2005	(\$4.00)	\$0.00	\$0.00	\$11.71	155603	8/31/05
Canteen	9/14/2005	(\$9.26)	\$0.00	\$0.00	\$2.45	157432	
Mail	9/21/2005	\$50.00	\$0.00	\$0.00	\$52.45	160260	4743687193
Canteen	9/21/2005	(\$2.41)	\$0.00	\$0.00	\$50.04	160435	
Pay-To	9/26/2005	(\$10.50)	\$0.00	\$0.00	\$39.54	161764	MASJID MUHAMMAD
Canteen	9/28/2005	(\$39.52)	\$0.00	\$0.00	\$0.02	162811	
				Ending Mth Balance:	\$0.02		

Total Amount Currently on Medical Hold: (\$12.00)

Total Amount Currently on Non-Medical Hold: (\$24.49)

Individual Statement - No Transactions This Month

Date Printed: 3/22/2006

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For Month of October 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:
00180391	Hardin	Rudolph			
Current Location: D/E					

Source	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Deposit Hold	Balance
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Total Amount Currently on Medical Hold: (\$12.00)
Total Amount Currently on Non-Medical Hold: (\$24.49)

Individual Statement

Date Printed: 3/22/2006

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For Month of November 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.02			
00180391	Hardin	Rudolph							
Current Location:	D/E			Comments:					
Trans Type	Date	Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	Pay To	SourceName
Wage-1099	11/1/2005	\$14.40	\$0.00	\$0.00	\$14.42	177116			INF 9/24-10/23
Canteen	11/2/2005	(\$13.76)	\$0.00	\$0.00	\$0.66	178816			
Canteen	11/9/2005	(\$0.65)	\$0.00	\$0.00	\$0.01	181647			
				Ending Mth Balance:	\$0.01				

Total Amount Currently on Medical Hold: (\$12.00)

Total Amount Currently on Non-Medical Hold: (\$24.49)

Individual Statement - No Transactions This Month

Date Printed: 3/22/2006

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For Month of December 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:
00180391	Hardin	Rudolph			
Current Location: D/E					

Deposit or Withdrawal

Source	Date	Amount	Medical Hold	Non-Medical Hold	Deposit Hold	Balance
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Total Amount Currently on Medical Hold: (\$12.00)
Total Amount Currently on Non-Medical Hold: (\$24.49)

Individual Statement

Date Printed: 3/22/2006

For Month of January 2006

Page 1 of 1

Total Amount Currently on Medical Hold: (\$12,00)

Total Amount Currently on Non-Medical Hold: (\$24,18)

Individual Statement

Date Printed: 3/22/2006

For Month of February 2006

Total Amount Currently on Medical Hold: (\$12.00)

Total Amount Currently on Non-Medical Hold: (\$24,49)

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